CLAIMS AS FILED - PART I							).(X	G180	9
TOTAL C	AIMS		(Column 1)	(Column 2)	SM Tyl	ALL EN	TITY	. (	OTHER TH
FOR						ATE	FEE	TOR S	MALL ENT
		^	IUMBER FILED	NUMBER EXT			85.00		RATE F
TOTAL CHARGEABLE CLAIMS		AIMS	minus 20=	*		\$ 9=		OR BAS	SIC FEE 770
INDEPENDENT CLAIMS  MULTIPLE DEPENDENT CLAIM PI			minus 3 =	*				OR X	618 <b>=</b>
						43=		OR X	86=
* If the diffe	rence in colum	n 1 is less t	han zero, enter	"O" in column o	+1	45=		OR +2	90=
	CLAIMS	AS AMEN	IDED - PART	. 11	TO	TAL		OR TO	TAL
	(Colum	n 1).	(Column	12) (Column	(a) <b>SM</b>	N C man		• от	HER THAN
<b>₹</b>	REMAIN AFTE	ING .	HIGHES NUMBE	R PRESENT		LL ENT	ITY DI-	OR SM	ALL ENTIT
Total	AMENDM	ENT	PREVIOU PAID FO	SLY I EVEDA	RAT	E TIO	NAL	RAT	TE TION
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ndependent	*	Minus	MAK	=	X\$ 9=		OR	X\$18=	
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ne entry in column 1 is less than the entry in column 2, write "0" in column 3.  The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDITION OF THIS SPACE IS LESS THAN 20, enter "20."							OR	+290=	
	mber Previously P mber Previously P ber Previously Pa				TOTAL				